

FIG. 1.

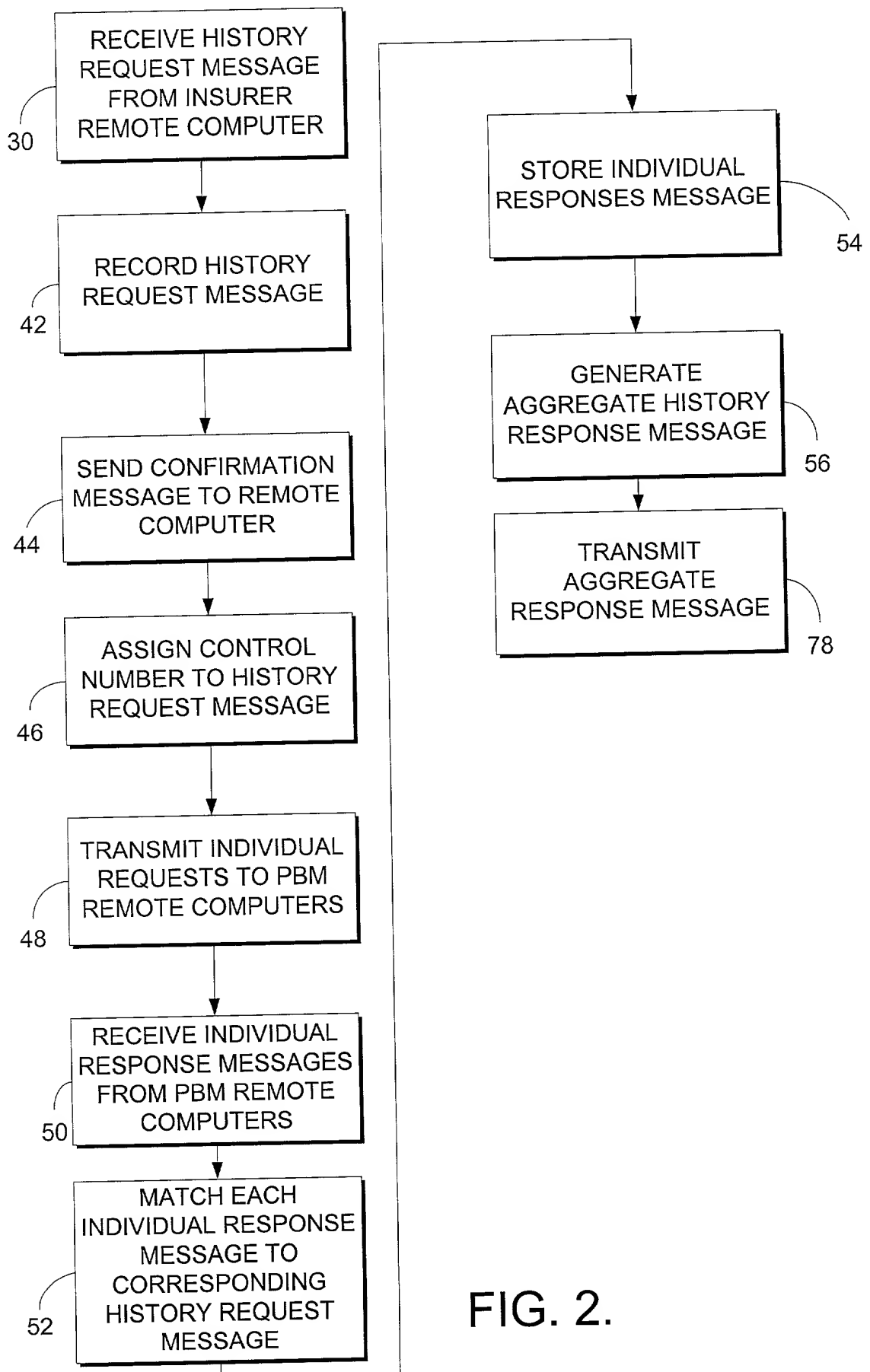


FIG. 2.

FIG. 3

Script Check Request

Requestor Information

Name: Tom Deaux Phone #: 913-123-1234
 Email: tom.deaux@labone.com Fax #: 913-123-2222

Applicant Information

Last Name: ARTIS SSN: 123-12-1234
 First Name: BROWN Birthdate: 03/20/1956
 Middle Initial: Ticker #: 0011111111
 Gender: Policy #:

Insurance Information

PBM Member ID: Dependent Suffix: Insured SSN: 123-12-1235

Applicant Address

Street Address - Line 1: 10101 Renner
 City: Lenexa
 State/Province: KS - Kansas
 ZIP/Postal Code: 66219

Service Requested

Service Requested: 24 Months
☒ Request Physician Info
☐ Express Turn Around
☐ Request Drug Info

Submit ☐ Print Script Check Request Cancel

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FIG. 4.

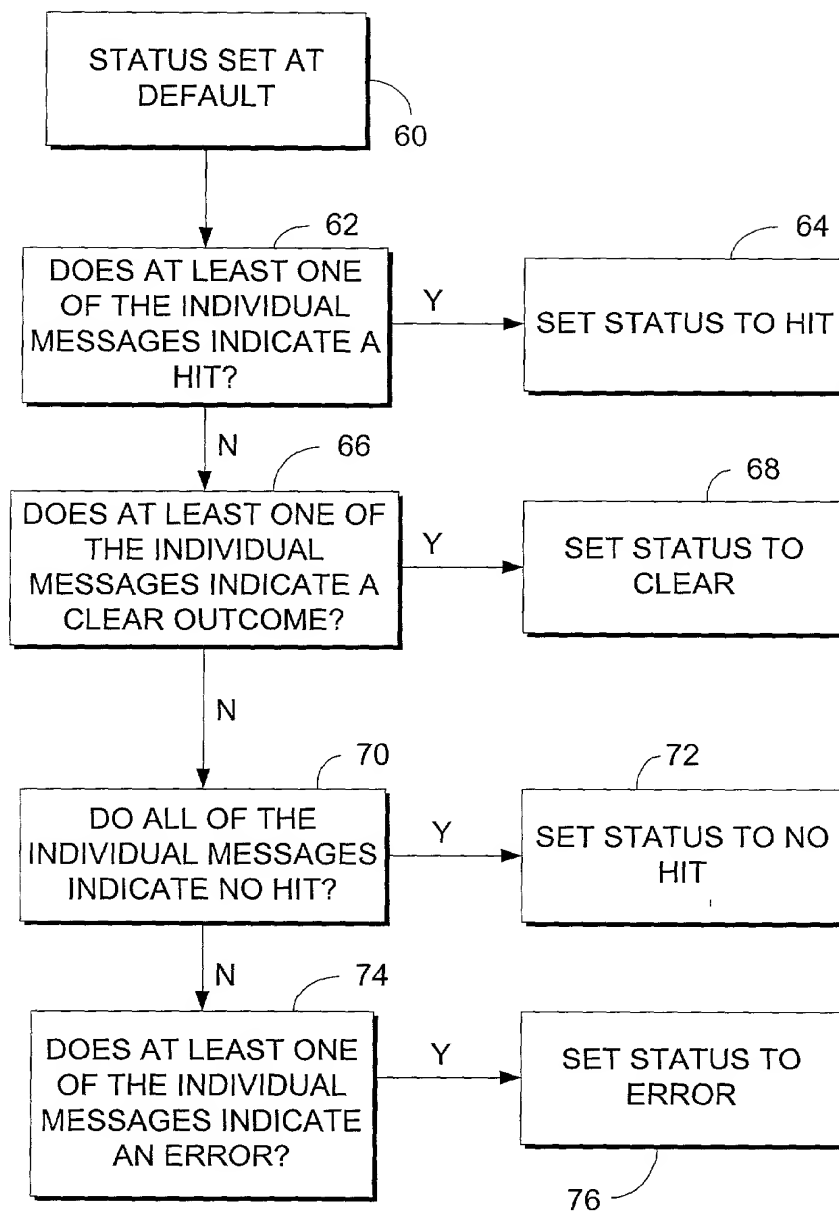


FIG. 5

LABONE SCRIPTCHECK PRESCRIPTION REPORT

ID NAME: JOHN DOE

DOB/SEX/ST: 01/01/1926 M AZ

AGENT/AGENCY: /

TICKET NUMBER: 00348574632

INS TYPE/AMT: LI/0

DATE REPORTED: 03/29/2001 XYZ 76388623

INSURANCE KEY:

SOC SEC NO: 001010001

SERVICE LEVEL: UP TO 6 MONTHS OF HISTORY

REQUESTOR: ABC Insurance Co.

LABONE LIFE INSURANCE COMPANY
10101 RENNER RD

LENEXA, KS 66219
ATTN: CHIEF UNDERWRITER
ASST. VICE PRESIDENT

SCRIPTCHECK PRESCRIPTION HISTORY

DRUGS REPORTED: VALIUM, INDAPAMIDE, CLONAZEPAM, EFFEXOR XR, PREVACID, ISOSORBIDE MONONITRATE

NAME : JOHN DOE

DATE DISPENSED: 03/14/2001

PBM: ADVANCEPCS

PRESCRIPTION : VALIUM

STRENGTH/Form : 5MG TABLET

UNITS PER DAY : 2

QUANTITY DISP : 60 DAYS SUPPLY : 30

DRUG CLASS : ANTIANXIETY

DRUG CLASS : ANTICONVULSANT

DRUG CLASS : BENZODIAZEPINE

PHYSICIAN NAME: JOHN JOHNSON

PHONE : (800) 873-8845

SPECIALTY : FAMILY PRACTICE

INDICATIONS :

Management of anxiety disorders; relief of acute alcohol withdrawal symptoms; relief of preoperative apprehension and anxiety and reduction of memory recall; treatment of muscle spasms, convulsive disorders and status epilepticus. Treatment of irritable bowel syndrome; relief of panic attack.

NAME : JOHN DOE

DATE DISPENSED: 03/14/2001

PBM: ADVANCEPCS

PRESCRIPTION : INDAPAMIDE

STRENGTH/Form : 2.500MG TABLET

UNITS PER DAY : 2

QUANTITY DISP : 60 DAYS SUPPLY : 30

DRUG CLASS : THIAZIDE DIURETIC

PHYSICIAN NAME: DON JOHNSON

PHONE : (800) 873-8845

SPECIALTY : INTERNAL MEDICINE

INDICATIONS :

Treatment of edema associated with CHF, hepatic cirrhosis, renal dysfunction, and corticosteroid or estrogen therapy; management of hypertension. Treatment of calcium nephrolithiasis, osteoporosis, or diabetes insipidus.